



GEAR CHANGE APPLICATION FORM

Name of Horse (incl. suffix, eg NZ)

()

- Note:**
- (1) Trainers must apply for the permission of the Stewards to use or to remove any gear to be worn by any horse.
 - (2) Trainers must forward the Gear Change Application Form to the Stewards Department – Fax: 08/8350 0082 (PO Box 2646, Adelaide SA 5001).
 - (3) Gear Change Application Forms **MUST** be received by the Stewards' Department **PRIOR TO ACCEPTANCE**.

Please TICK where applicable

ON		OFF																														
	BLINKERS																															
<input type="checkbox"/>	First Time	<input type="checkbox"/>																														
<input type="checkbox"/>	Again	<input type="checkbox"/>																														
<input type="checkbox"/>	ONE-EYED BLINKER	<input type="checkbox"/>																														
	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%; text-align: center;">Near Side</th> <th style="width: 34%; text-align: center;"><i>Cup to Remain (please circle)</i></th> <th style="width: 33%; text-align: center;">Off Side</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">TONGUE TIE</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">PACIFIERS</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">WINKERS</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">VISOR</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">NOSE ROLL</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">CROSS OVER NOSEBAND</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td style="text-align: center;">OTHER:</td> <td></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">.....</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">.....</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>	Near Side	<i>Cup to Remain (please circle)</i>	Off Side	<input type="checkbox"/>	TONGUE TIE	<input type="checkbox"/>	<input type="checkbox"/>	PACIFIERS	<input type="checkbox"/>	<input type="checkbox"/>	WINKERS	<input type="checkbox"/>	<input type="checkbox"/>	VISOR	<input type="checkbox"/>	<input type="checkbox"/>	NOSE ROLL	<input type="checkbox"/>	<input type="checkbox"/>	CROSS OVER NOSEBAND	<input type="checkbox"/>		OTHER:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Near Side	<i>Cup to Remain (please circle)</i>	Off Side																														
<input type="checkbox"/>	TONGUE TIE	<input type="checkbox"/>																														
<input type="checkbox"/>	PACIFIERS	<input type="checkbox"/>																														
<input type="checkbox"/>	WINKERS	<input type="checkbox"/>																														
<input type="checkbox"/>	VISOR	<input type="checkbox"/>																														
<input type="checkbox"/>	NOSE ROLL	<input type="checkbox"/>																														
<input type="checkbox"/>	CROSS OVER NOSEBAND	<input type="checkbox"/>																														
	OTHER:																															
<input type="checkbox"/>	<input type="checkbox"/>																														
<input type="checkbox"/>	<input type="checkbox"/>																														

Initials of Steward Approving Change:

Date: / /

I declare the abovenamed horse has worked in and/or trialled to my satisfaction in the gear declared and I believe it will race safely and tractably.

Signed:..... Date:

Print Name of Trainer

Office Use Only	
Gear	
Stable Return	